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June 3, 2020

TO: All Providers

RE: COVID-19 Eligibility and Testing FAQs for Providers and Recipients

The Alabama Medicaid Agency (Medicaid) compiled the following frequently asked questions (FAQs) related to eligibility and testing for the Coronavirus Disease (COVID-19) pandemic. You will find below three categories of questions including: *Eligibility Benefits and Stimulus Money*, *COVID-19 Testing and Treatment*, and *Nursing Home, Waivers, and Disability Programs*.

[Eligibility Benefits and Stimulus Money](#)

Question: Why am I still on Medicaid after I let you know about income that should make my family ineligible?

Answer: Until the emergency is over, anyone who is eligible for Medicaid on or after March 1, 2020 will not have their Medicaid canceled unless they move out of state, ask that their Medicaid be canceled, or die. Please contact your Medicaid worker or call 1-800-362-5104 if you would like to cancel your Medicaid or report a change.

Question: Do I still have the same Medicaid benefits as before?

Answer: Yes. Medicaid has not, and will not, end or reduce benefits during the emergency period. People already on Medicaid, including those that receive limited benefits like Plan First or Emergency Services, will stay on the type of Medicaid they are already on (unless they qualify for a higher Medicaid coverage) until the end of the emergency period. Make sure you report any changes and complete your Medicaid renewal form if you want to stay on Medicaid after the emergency ends.

Question: Does the stimulus money of \$1200 (and/or \$500 for dependents) count as income for Medicaid?

Answer: No. The stimulus money is not counted as income for Medicaid recipients for the month it was received. It will also not count as a resource for the 12 months after which it was received. Any stimulus money left over after the 13th month will be counted as a resource.

Question: Is the extra \$600 weekly unemployment counted as income for Medicaid?

Answer: No. The **additional** \$600 unemployment will be not be counted as income for Medicaid. **Regular** unemployment benefits will be counted as income in the month it is received.

Question: Will everyone qualify for Medicaid no matter what their income or resources are right now?

Answer: No. New applications may still be denied if people do not meet current Medicaid program requirements.

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COVID-19 Testing and Treatment

Question: Are all Medicaid recipients eligible for COVID-19 testing and treatment?

Answer: No.

- Recipients with full or pregnancy Medicaid are eligible for COVID-19 testing and treatment.
- Pregnant women who are only eligible for Hospital presumptive Medicaid are only eligible for walk-in (not inpatient) COVID-19 testing and treatment services.
- Individuals who are on Plan First are not eligible for COVID-19 testing and treatment through Medicaid.

Question: Can a dual eligible recipient get Medicaid coverage for COVID-19 testing and treatment?

Answer: Recipients who are only eligible for Medicaid to pay for their Medicare premiums (QMB, SLMB, QI, QDWI) are eligible for payment of COVID-19 testing and treatment through Medicare, not Medicaid. Medicaid recipients who get Medicare are also eligible for COVID-19 testing and treatment. Providers would bill Medicare as the primary payer; Medicaid as secondary.

Question: Can someone who is only eligible for Emergency Services get COVID-19 testing/treatment?

Answer: Yes, Medicaid will pay for the benefits below for recipients with Medicaid emergency only or emergency pregnant benefit plans if the claim is filed as an emergency. Emergency Services patients are not eligible for pharmacy benefits.

- Hospital – Inpatient – up to 3 days and/or the day of discharge *(documentation required for additional days)
- Hospital – Outpatient
- Physician
- Lab and X-ray
- Ambulatory services
- Pregnancy emergencies and/or delivery

Nursing Home, Waivers, and Disability Programs

Question: If a nursing home recipient receives increased income during the emergency period, how will it affect their liability/cost of care in the nursing home?

Answer: During the emergency period, Medicaid cannot increase an individual's liability in the nursing home.

Question: Can Medicaid allow self-attestation for level of care in determining eligibility for a nursing home or waiver program?

Answer: No. Medicaid must still use current rules to determine level of care during the emergency period.

Question: Can a person with COVID-19 diagnosis be considered to meet the disability requirement or the level of care requirement?

Answer: No. Current SSI disability standards are required for disability programs.

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Question: If an individual receiving 1915(c) waiver services no longer meets the level of care requirement for the waiver, must a state maintain the individual's eligibility and continue to provide coverage for 1915(c) services?

Answer: Yes. A state must maintain enrollment in his or her original group until the end of the month in which the public health emergency ends. An individual's person-centered care plan can be updated to reflect updated assessments of functional need during the period of the public health emergency. Services should not be provided that are not based on an assessed need.

Question: What can the stimulus money for nursing home patients be spent on?

Answer: Medicaid cannot restrict how patients spend the stimulus money during the month it was received or the following 12 months after it was received.

Question: Will the stimulus payment go to their patient account if their SSA is going to the nursing home?

Answer: The federal government will determine where to send or deposit the stimulus check based on tax return information or SSA information. Recipients or sponsors should check bank accounts for direct deposits or notices from the IRS. Nursing homes should inform their recipients or sponsors if stimulus funds are deposited into a patient's account.

Question: What happens if Medicaid discovers a transfer of assets during the emergency?

Answer: During the emergency period, Medicaid can determine and impose a transfer of assets penalty for someone applying for Medicaid; but if a person is already eligible for Medicaid when a transfer is discovered, the agency may not apply the transfer of assets penalty until after the emergency period.